

INDIVIDUAL DEPENDENT CLAIM
FEE CALCULATION SHEET
FOR USE WITH FORM FD-887

NO.	AS FILED		After 1st AMENDMENT		After 2nd AMENDMENT	
	NO.	DEP.	NO.	DEP.	NO.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL NO.	3					
TOTAL DEP.	1					
TOTAL CLAIMS	4					

NO.	AS FILED		After 1st AMENDMENT		After 2nd AMENDMENT	
	NO.	DEP.	NO.	DEP.	NO.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL NO.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAKE SURE TOTAL CLAIMS MATCH ATTACHMENTS